

Certified Community Behavioral Health Clinic (CCBHC) Progress Update



Decision Point

Given what we currently know, if Oregon is chosen, does the BOCC support DCHS becoming a CCBHC?

Work to Date

- Completed and submitted to the Oregon Health Authority (OHA) a 184 item Needs Assessment, including a Demand and Capacity analysis
- OHA conducted a site visit in July 2016 – State reviewers were:
 - Exceptionally complementary of our programs and staff with comments including: “strong clinical vision”, “visionary”, “future focused”, “passionate staff that are able to clearly articulate information about processes and programs”, and how efforts have “strategically positioned” DCHS to become a CCBHC”
 - Impressed with our strong array of services from outpatient to intensive community based services and the amount of integration work that we have done with community partners; peer and older adult services received positive comments
- Completed and submitted to OHA the cost report to establish the PPS rate
- CCBHC workgroup invested a significant number of hours with ongoing planning efforts including development of a project management plan

Key Points of Consideration

- PPS rate calculated in cost report is consistent with other CCBHC candidates’ rate
- Conservatively would require the hiring of no less than 29 limited duration employees (see handout on breakdown of types of employees and additional responsibilities associated with each)
- Recruitment would need to start in early January 2017
- Significant number of new staff starting in March to support the April 1st “go live” date
- We will have to use reserves to cover costs until PPS dollars start to come in
- PPS related service billing would begin on April 1st, with quarterly reconciliation
- Demonstration pilot is only guaranteed for two years and continuation of federal funding after that is unknown
- Even if the demonstration is only two years, participating will be beneficial based on the learning gained and further evolution of the organization

Next Step: OHA is asking for a statement of commitment from each potential CCBHC site by October 19th

Pros

- Increases provision of comprehensive care to our most vulnerable populations, such as veterans and older adults
- Consistent with future of behavioral health
- Financial support for needed transformations in service delivery and operations
 - Service mix will be stronger
 - Enhanced outcomes tracking
 - Data collection and analysis will be more comprehensive and more fully incorporated in decision-making processes
 - Billing will be more sophisticated
- Will allow for more people to be served, positively impacting the unmet need gap
- Contribution to national behavioral health modernization efforts
- Puts us in a stronger position for future national and state transformation initiatives
- Puts us in a stronger position for pursuing additional sources of revenue

Cons

- Heavy lift: Initial and throughout
 - New reporting and administrative requirements
 - Additional complexities for billing Medicare, commercial, and veterans insurance
 - Messaging about CCHBC to community partners
- No guarantees beyond two year pilot
- There are still unknowns (e.g., PPS reconciliation process, level and type of demand)
- Recruiting and hiring 29 limited duration staff
- Fiscal front loading needed

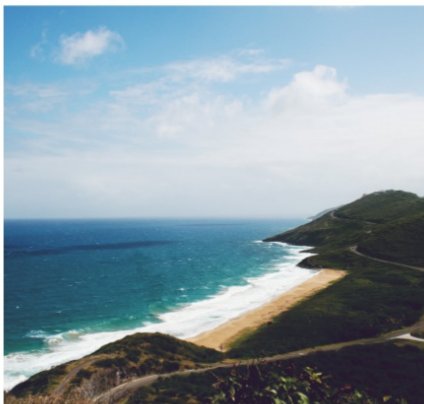
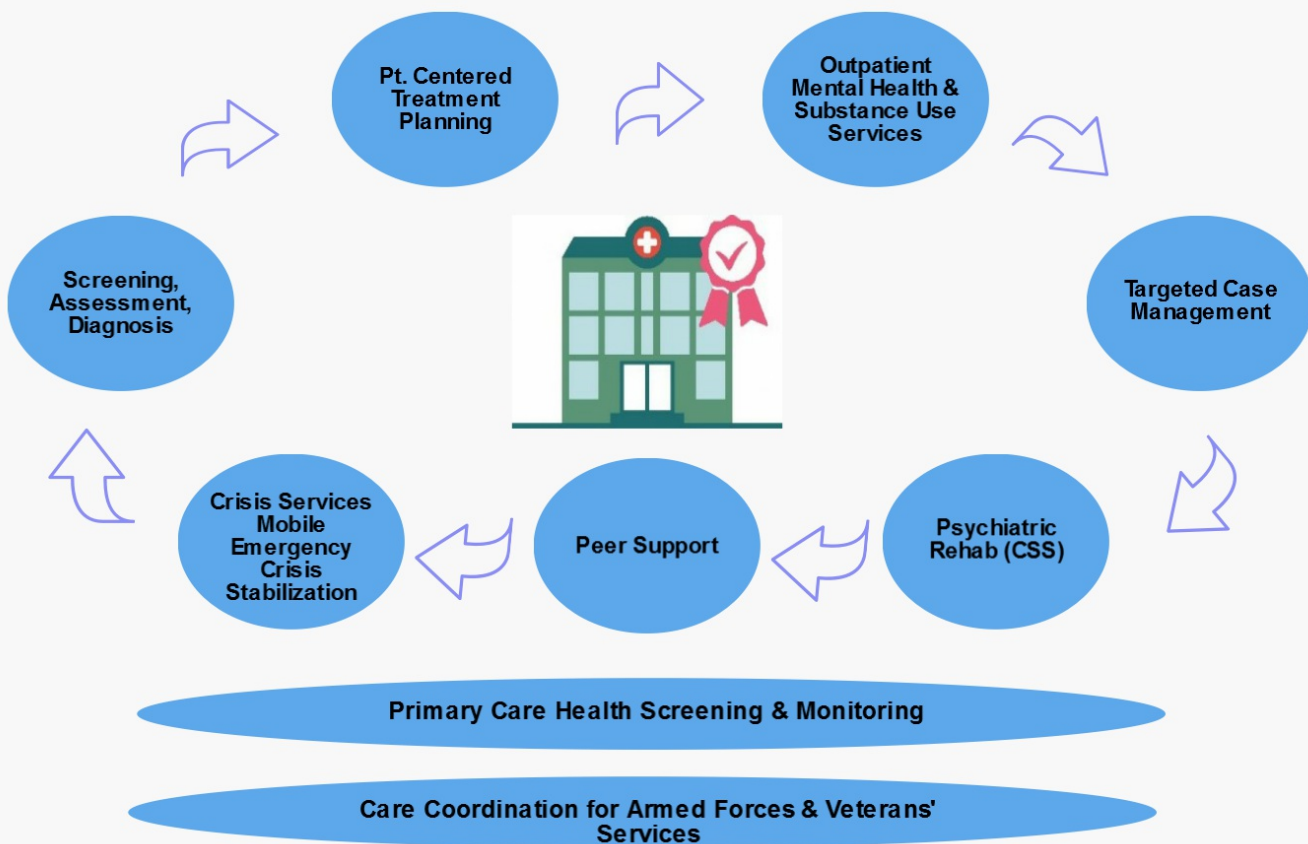
Staffing Needs

Clinical - 13	Operational - 7	Administrative - 9
<ul style="list-style-type: none">• Increased service demand including:<ul style="list-style-type: none">○ Veterans○ Older adults○ Commercially insured individuals with complex behavioral health needs• Increased Peer services• Increased Coordination of Care	<ul style="list-style-type: none">• EHR support• Data and reporting• Quality management• Billing• Insurance coordination	<ul style="list-style-type: none">• Increased traffic for Front Office staff• Increased team support requirements

What is a CCBHC?

Certified Community Behavioral Health Clinics

CCBHCs are designed to provide a comprehensive range of mental health and substance use disorder services, particularly to vulnerable individuals with the most complex needs. Oregon is applying to the federal government to become one of eight states who will participate in a demonstration project. Through the demonstration, the following services must be offered.



01

What are the benefits of becoming a CCBHC?

Allows us to provide comprehensive, whole person care to our most vulnerable populations

Aligns with the direction we are headed as a community mental health provider (CMHP)

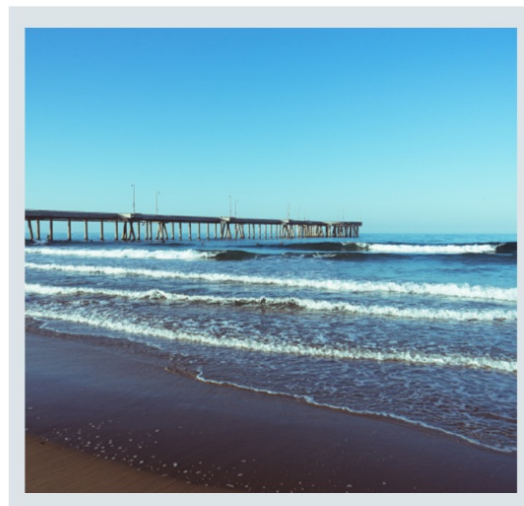
Brings in a new funding stream to support coordination of care

02 What will change for DCHS?

While OHP will always be a primary focus, we will provide services to more commercial insurance clients

Will require further evolution of some of our service models, including coordination of care for veterans' services

More physical health services will be provided at our sites



03 CCBHC Timeline

May 2016

Submit DCHS's CCBHC application to state

July 2016

Complete a needs assessment of the mental health and addictions needs in our community

Evaluate and prioritize gaps

Create plan to address prioritized gaps

August 2016

Complete cost report: look at current costs and costs associated with addressing current gaps and provide this information to the state

State uses information to determine additional funding that DCHS will receive if we become a CCBHC

October 2016

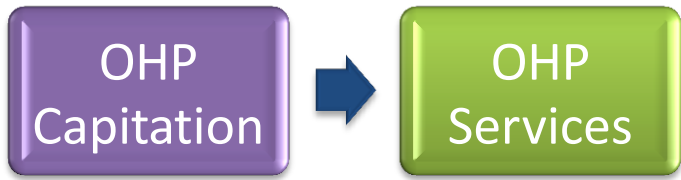
State submits application to federal government

December 2016

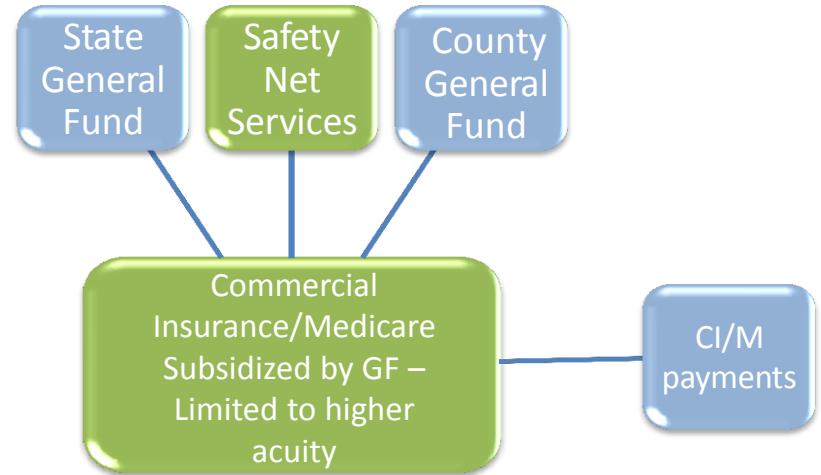
Federal government selects states to participate in demonstration project

January-June 2017

Implementation phase if Oregon is selected



Current Funding/Service Mix



CCBHC Funding/Service Mix

